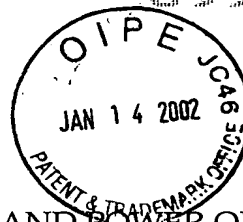


PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING



09983025 01950801

Attorney Docket No. #4

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: "Pregnancy-associated plasma protein-A2 (PAPP-A2)"

Fill in Appropriate Information - For Use Without Specification Attached:
the specification of which is attached hereto. If not attached hereto,
the specification was filed on _____ as
United States Application Number _____;
and amended on _____ (if applicable) and/or
the specification was filed on _____ as PCT
International Application Number _____; and was
amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information: (if appropriate)	Prior Foreign Application(s)		Priority Claimed
	PA 2000 01571	Denmark	10/20/00
	(Number)	(Country)	(Month/Day/Year Filed)
	_____	_____	_____
	(Number)	(Country)	(Month/Day/Year Filed)
	_____	_____	_____
	(Number)	(Country)	(Month/Day/Year Filed)
	_____	_____	_____
	(Number)	(Country)	(Month/Day/Year Filed)
	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)		
	60/241,840	20 October 2000
	(Application Number)	(Filing Date)
	_____	_____
	(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)			
	_____	_____	_____
	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
	_____	_____	_____
	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

All of the practioners associated with Customer Number 001444



the address associated with Customer Number 001444

which is presently:

BROWDY AND NEIMARK, P.L.L.C., 624 Ninth Street, N.W.

Washington, D.C. 20001-5303, (202) 628-5197

**PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME OXVIG, Claus	INVENTOR'S SIGNATURE 	DATE* 17-10-2001
Residence (City, State & Country) Viby, Denmark	CITIZENSHIP Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Søskrænten 36, Stavtrup, DK-8260 Viby, Denmark		
GIVEN NAME/FAMILY NAME OVERGAARD, Michael Toft	INVENTOR'S SIGNATURE 	DATE* 17/10-2001
Residence (City, State & Country) Aarhus, Denmark	CITIZENSHIP Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Janus la Cours Gade 12, st.th, DK-8000 Århus C., Denmark		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		